



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention**  
**Underground Storage Tank (UST) Program**  
**UST - Financial Responsibility Registration**  
**Module**

MassDEP Facility Account # \_\_\_\_\_

DFS Facility ID # (if known) \_\_\_\_\_

**Note:** If this is a new registration, MassDEP will provide you with a Facility Account Number.

*Complete this form for any USTs not enrolled in the State 21J Fund. Submit it with the Cover Sheet/Certification Form. Check off desired function.*

☐ **New Financial Responsibility Registration**

☐ **Amend/Edit Existing Financial Responsibility Information**

**A. Legal Owner Of UST(s)**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



a. Individual/Organization Name \_\_\_\_\_

b. Contact Name \_\_\_\_\_

c. Address 1 – Note: Enter mailing address of the Owner. \_\_\_\_\_

d. City/Town \_\_\_\_\_

e. Business Phone Number \_\_\_\_\_

**B. Facility Information**

a. Facility Name \_\_\_\_\_

b. Address 1 – Note: Enter physical street address (no P.O. boxes). \_\_\_\_\_

c. City/Town \_\_\_\_\_

**C. Financial Responsibility**

**1.0 Type of Financial Responsibility Instruments**

a. How many USTs at this facility are subject to the financial responsibility requirements of 40 CFR Parts 280 & 281? \_\_\_\_\_

Number

b. How many 21J- eligible USTs at the facility (e.g. USTs containing motor vehicle fuel) are covered by another financial responsibility instrument and not enrolled in the State 21J Fund? \_\_\_\_\_

Number

c. For any USTs **not** enrolled in the State 21J Fund, complete the following table & subsections for the applicable financial responsibility instruments.

**Note:** Complete appropriate subsection for each type of financial instrument used.

Type of Instrument	In Use?	Per Occurrence Coverage	Aggregate Coverage
Financial Test of Self Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

**Continue to Next Page ►**



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
Underground Storage Tank (UST) Program  
**UST - Financial Responsibility Registration  
Module**

MassDEP Facility Account # \_\_\_\_\_

DFS Facility ID # (if known) \_\_\_\_\_

**C. Financial Responsibility (continued)**

**1.0 Type of Financial Responsibility Instruments (continued)**

Type of Instrument	In Use?	Per Occurrence Coverage	Aggregate Coverage
Commercial Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Risk Retention Group Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Surety Bond	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Irrevocable Standby Letter of Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
TOTALS		\$	\$

**2.0 Applicable Coverage Requirement**

**Note:** A business which sells fuel at retail is a 'petroleum marketer'. A non-marketer uses stored fuel for their own purposes, (e.g. for vehicle fleet).

- a. How many USTs do you own nationwide? ☐ 100 or Fewer ☐ More Than 100
- b. Are you a petroleum marketer? ☐ Yes ☐ No
- c. For petroleum non-marketers, local governments or Indian Tribes *only*: What is your average monthly throughput at this facility?  
☐ 10,000 Gals or Less ☐ More Than 10,000 Gals  
☐ Not Applicable
- d. What is your total Per Occurrence Coverage?  
☐ Between \$500,000 & \$1 Million (for 10,000 Gals or Less)  
☐ \$1 Million or Higher (for more than 10,000 Gals and for all petroleum marketers)
- e. What is your total Aggregate Coverage?  
☐ Between \$1 Million & \$2 Million (for 100 or fewer tanks)  
☐ \$2 Million or Higher (for more than 100 tanks)

**3.0 Financial Responsibility Documentation**

**a. Financial Test of Self Insurance**

- i. Do you currently meet all applicable Financial Test of Self Insurance requirements of 40 CFR 280.95? ☐ Yes ☐ No

ii. Date of Letter Signed by CFO (MM/DD/YYYY) \_\_\_\_\_

iii. End of Fiscal Year (MM/DD/YYYY) \_\_\_\_\_

- iv. Does this Financial Test of Self Insurance cover *all applicable USTs* at this facility? ☐ Yes ☐ No

- v. If No, identify each UST that is covered: \_\_\_\_\_

Enter Tank ID Number(s) \_\_\_\_\_

**Continue to Next Page ►**



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention  
Underground Storage Tank (UST) Program  
**UST - Financial Responsibility Registration**  
**Module**

MassDEP Facility Account #

DFS Facility ID # (if known)

**C. Financial Responsibility (continued)**

**3.0 Financial Responsibility Documentation (continued)**

**b. Guarantee**

i. Do you meet all applicable requirements of 40 CFR 280.96?

☐ Yes ☐ No

ii. Have you established a standby trust fund in compliance with 40 CFR 280.103?

☐ Yes ☐ No

iii. Name of Trustee (Bank)

iv. Trustee (Bank) Contact & Telephone Number

v. Trust Fund Account Number

vi. Trust Inception Date (MM/DD/YYYY)

vii. Date of Letter Signed by Guarantor in Support of Guarantee (MM/DD/YYYY)

viii. End of Fiscal Year (MM/DD/YYYY)

ix. Does this Guarantee cover *all applicable USTs* at this facility?

☐ Yes ☐ No

x. If No, identify each UST that is covered:

Enter Tank ID Number(s)

**c. Commercial Insurance**

i. Does your policy meet all applicable requirements of 40 CFR 280.97?

☐ Yes ☐ No

ii. Name of Issuing Insurance Company

iii. Insurance Company Contact & Telephone Number

iv. Policy Number

v. Policy Expiration Date (MM/DD/YYYY)

vi. Does this Policy cover *all applicable USTs* at this facility?

☐ Yes ☐ No

vii. If No, identify each UST that is covered:

Enter Tank ID Number(s)

**d. Risk Retention Group Coverage**

i. Does your policy meet all applicable requirements of 40 CFR 280.97?

☐ Yes ☐ No

ii. Name of Issuing Insurance Company

iii. Insurance Company Contact & Telephone Number

iv. Policy Number

v. Policy Expiration Date (MM/DD/YYYY)

vi. Does this Policy cover *all applicable USTs* at this facility?

☐ Yes ☐ No

vii. If No, identify each UST that is covered:

Enter Tank ID Number(s)

**Continue to Next Page ►**



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention  
Underground Storage Tank (UST) Program  
**UST - Financial Responsibility Registration**  
**Module**

MassDEP Facility Account # \_\_\_\_\_

DFS Facility ID # (if known) \_\_\_\_\_

**C. Financial Responsibility (continued)**

**3.0 Financial Responsibility Documentation (continued)**

**e. Surety Bond**

i. Are you in compliance with all applicable requirements of 40 CFR 280.98?

☐ Yes ☐ No

ii. Have you established a standby trust fund in compliance with 40 CFR 280.103?

☐ Yes ☐ No

iii. Name of Trustee (Bank) \_\_\_\_\_

iv. Trustee (Bank) Contact & Telephone Number \_\_\_\_\_

v. Trust Fund Account Number \_\_\_\_\_

vi. Trust Inception Date (MM/DD/YYYY) \_\_\_\_\_

vii. Bond Expiration Date (MM/DD/YYYY) \_\_\_\_\_

viii. Does this Bond cover *all applicable* USTs at this facility?

☐ Yes ☐ No

ix. If No, identify each UST that is covered:

Enter Tank ID Number(s) \_\_\_\_\_

**f. Irrevocable Standby Letter of Credit**

i. Are you in compliance with all applicable requirements of 40 CFR 280.99?

☐ Yes ☐ No

ii. Have you established a standby trust fund in compliance with 40 CFR 280.103?

☐ Yes ☐ No

iii. Name of Trustee (Bank) \_\_\_\_\_

iv. Trustee (Bank) Contact & Telephone Number \_\_\_\_\_

v. Trust Fund Account Number \_\_\_\_\_

vi. Trust Inception Date (MM/DD/YYYY) \_\_\_\_\_

vii. Letter of Credit Expiration Date (MM/DD/YYYY) \_\_\_\_\_

viii. Does this Letter of Credit cover *all applicable* USTs at this facility?

☐ Yes ☐ No

ix. If No, identify each UST that is covered:

Enter Tank ID Number(s) \_\_\_\_\_

**g. Trust Fund**

i. Are you in compliance with all applicable requirements of 40 CFR 280.102?

☐ Yes ☐ No

ii. Name of Trustee (Bank) \_\_\_\_\_

iii. Trustee (Bank) Contact & Telephone Number \_\_\_\_\_

iv. Trust Fund Account Number \_\_\_\_\_

v. Trust Inception Date (MM/DD/YYYY) \_\_\_\_\_

vi. Does this Trust cover *all applicable* USTs at this facility?

☐ Yes ☐ No

vii. If No, identify each UST that is covered:

Enter Tank ID Number(s) \_\_\_\_\_